

USMC Aviation Fly- Over Brief



Purpose

- More fly-overs due to centennial
- FAA reporting increase
- Prevent flight violations



References

- FAR Part 91
 - Section 91.115 & 91.117
 - No lower than 1000' above any obstacle
 - No faster than 250kts
- Training rules
 - T&R Vol 1
 - Less than .0022 LUX at night, no lower than 1000' AGL
- Approval Message Traffic
- OPNAV 3710
- MCO P5720.73
 - Page 2-4
 - WX min = 2500'AGL / 5NM visibility
 - Profile = 1000' AGL above highest obstacle / 250 kts max without waivers

Bottom line:
1000' AGL & 250KTS

Mission Analysis

- Type of request
 - Sporting event
 - Military celebration
 - Funeral
- DD 2535 is first step
 - The request for the fly-over



DD 2535

REQUEST FOR MILITARY AERIAL SUPPORT ALL EVENT SPONSORS MUST READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS FORM.		REQUEST NUMBER	CMD No. 0704-0280 CMD approval expires Oct 31, 2009
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public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Defense Information Systems Agency, Attention: Office of the Director, Defense Information Systems Agency, Suite 1E-200, 1215 Jefferson Davis Highway, Arlington, VA 22202. Comments received after this date notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS ON PAGE 4.

ALL DATA WILL BE HANDLED ON A "FOR OFFICIAL USE ONLY" BASIS.

SECTION I - ACTIVITY

CATEGORY REQUESTED (X and complete as applicable)	(1) DATE OF EVENT (YYYYMMDD)	(2) TYPE AIRCRAFT REQUESTED ANY (X) SPECIFIC (Optional)	(3) MILITARY SERVICE REQUESTED ALL (X) SPECIFIC (Optional)
a. FLYOVER (See paragraph 4 of Instructions)			
b. STATIC DISPLAY (See paragraph 5 of Instructions)			
c. SINGLE AIRCRAFT DEMONSTRATION (See paragraph 7 of Instructions)			
d. OTHER AERIAL SUPPORT (i.e., Parachute Demo, SAR Demo)			
ENTAL DEMONSTRATION TEAM all requested. See instructions.)	(4) PRIMARY DATE (YYYYMMDD)	(5) ALTERNATE DATE(S) (YYYYMMDD)	(6) I WILL CONSIDER ANY DATE DURING AIR SHOW SEASON (X one)
U.S. ARMY GOLDEN KNIGHTS			YES
U.S. NAVY BLUE ANGELS			
U.S. AIR FORCE THUNDERBIRDS			
OTHER (Specify)			NO

SECTION II - EVENT AND SITE INFORMATION

EVENT TITLE (and website, if applicable)			
ITE OF EVENT (Must be accessible by persons with disabilities)	c. SITE CITY, STATE AND ZIP CODE	d. SITE ELEVATION (Feet above sea level)	e. RUNWAY LENGTH X WIDTH
REQUESTING GEAR (X one)	g. TYPE OF SITE (i.e., airport, park, lake, etc.)		
YES	NO		
VENT SITE CERTIFICATION (To be completed by an agent exercising authority for site use) certify that an agreement had been made with the sponsoring organization indicated in Section III to use the event site indicated in 2.b. above.			
NAME (Last, First, Middle Initial)	b. TITLE	c. TELEPHONE NO. (Include area code)	
SIGNATURE	e. DATE SIGNED (YYYYMMDD)		

INCLUSIVE DATE&TIME OF EVENT (YYYYMMDD)	6. IS THERE CIVILIAN AVIATION/AERIAL PARTICIPATION PLANNED FOR THE EVENT? (X one)		YES
			NO

ATTENDANCE	7. PLANNED MEDIA COVERAGE (X as applicable)		
PROJECTED	b. PRIOR EVENT	TELEVISION RADIO	PRINT NONE
YOUR MEDIA/PR POC (Name/Telephone/Email):			

SECTION III - SPONSOR INFORMATION

LOCAL SPONSORING ORGANIZATION NAME	b. TYPE (X one)	
	PROFIT	NONPROFIT

POINT OF CONTACT FOR AVIATION ACTIVITIES FOR THIS EVENT (Please PRINT all contact information.)		
(None)	MS.	b. NAME (Last, First, Middle Initial)
MIL.		c. RANK (if military)
ADDRESS		

NUMBER AND STREET/SUITE NUMBER	(2) CITY	(3) STATE	(4) ZIP CODE
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TELEPHONE NO. (Include area code or DSN if military)	f. E-MAIL ADDRESS		g. FAX NO. (Include area code)
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SECTION III - SPONSOR INFORMATION (Continued)		
EVENT OFFICIALLY SUPPORTED BY LOCAL GOVERNMENT (X one)		
WILL YOU PROVIDE POST-EVENT REPORT ON REQUEST? (X one)		
OES SPONSORING ORGANIZATION PERMIT MEMBERSHIP WITHOUT REGARD TO RACE, RELIGION, SEX OR COLOR? (X one)		
WILL ALL ASPECTS OF THIS EVENT BE AVAILABLE TO ALL PERSONS WITHOUT REGARD TO RACE, RELIGION, EX OR COLOR? (X one)		
WILL THE EVENT BE OPEN TO THE GENERAL PUBLIC? (X one)		
SECTION IV - FEDERAL AVIATION ADMINISTRATION COORDINATION (Airspace Coordination)		
FOR THIS EVENT TO BE CONSIDERED FOR U.S. MILITARY SUPPORT, THE SPONSOR MUST HAVE THIS SECTION COMPLETE BY THE FLIGHT STANDARDS DISTRICT OFFICE RESPONSIBLE FOR CONTROLLING THE AERIAL ACTIVITIES AT THE EVENT SITE.		
For events where the airspace falls under the purview of the United States Department of Transportation, Federal Aviation Administration (FAA) coordination is required for all U.S. military aviation activities described in Section I EXCEPT AIRCRAFT STATIC DISPLAYS. THE SPONSOR WILL FORWARD THIS DOCUMENT, WITH SECTIONS I THROUGH III AND SECTIONS V THROUGH VII COMPLETED, TO THE FLIGHT STANDARDS DISTRICT OFFICE (FSDO) HAVING JURISDICTION OVER THE SITE. After completion of section IV by the FSDO, form will be returned to the sponsor for submission to DoD. Sponsors will allow a minimum of 45 days for AA review and completion.		
LIGHT STANDARDS DISTRICT OFFICE REVIEW I have reviewed the requested activity in Section I and determined that: and complete as applicable)		
a. FAA/OTHER GOVERNMENTAL WAIVER IS NOT REQUIRED.		
b. WAIVER IS REQUIRED FOR THE FOLLOWING EVENT(S) LISTED IN SECTION I: (Specify)		
c. COORDINATION HAS BEEN ACCOMPLISHED WITH CONTROLLING AIR TRAFFIC CONTROL FACILITY.		
d. AIR TRAFFIC COORDINATION IS NOT REQUIRED.		
e. DEMONSTRATION SITE FEASIBILITY STUDY IS REQUIRED AND SITE PLAN WAS SUBMITTED BY THE SPONSOR. (Must me show line, crowd line, airspace parameters and show congested areas, dwellings, thoroughfares, and obstructions within 3 NM of show center.)		
f. DEMONSTRATION SITE FEASIBILITY STUDY IS NOT REQUIRED.		
g. NO MAJOR NOISE CONCERN IN THE REQUESTED AIRSPACE.		
EASIBILITY DETERMINATION. Based upon my review of this site, I find the site to be: (X one)		
SATISFACTORY	CONDITIONAL SATISFACTORY (See NOTE)	UNSATISFACTORY (See NOTE)
If the show site is marked "Conditional Satisfactory", explain the conditions which must be met by the show sponsor to provide satisfactory site in the Additional Comments section. If the show site is marked "Unsatisfactory," the request for the applicable action will be accepted by the Department of Defense.		
ADDITIONAL COMMENTS (Mandatory if FARs are waived)		
COORDINATING OFFICIAL ME (Last, First, Middle Initial)		
b. FLIGHT STANDARDS DISTRICT OFFICE		
c. TELEPHONE NO. (Include area code)		
d. DATE SIGNED (YYYYMMDD)		

HQMC Approval

CLASSIFIED//

GID/GENADMIN/CMC WASHINGTON DC AVN ASM//

BJ/ACFT SUPPORT FOR PUBLIC EVENT ISO COMMARFORCOM//

/A/MSGID:MSG/COMMARFORCOM G3-5-7/102031ZSEP2009//

/B/MSGID:DOC/MCO P5720.73/YMD:19960806//

/C/MSGID:DOC/OPNAVINST 3710.7T/YMD:20040301//

RR/REF A IS COMMARFORCOM REQUEST TO SUPPORT AN ELIGIBLE EVENT.

B IS THE MARINE CORPS AVIATION SUPPORT OF THE COMMUNITY

ATIONS PROGRAM MANUAL. REF C IS NATOPS GENERAL FLIGHT AND

ERATING INSTRUCTIONS.//

C/PERRY/CPL/UNIT:HQMC ASM-51/-TEL:DSN 227-2401

:COM (703) 697-2401/EMAIL:LEAH.PERRY@USMC.MIL//

TEXT/REMARKS/1. PER REF A, AND IAW REF B AND C, AUTH GRANTED TO

EUTE THE FOLLOWING:

ENT: SUN CITY VETERANS ASSOCIATION WALK FOR THE WOUNDED

TE: 11 SEP 09

CATION: BLUFON, SC

CRAFT: (2) F/A-18C

T: VMFA 251

TYPE: FLYOVER

KS: FLYING UNIT MUST COORDINATE WITH LOCAL FAA AND FSDO. POC

BERT IENKINS, COMM (803)451-2665.

LY BY SHALL BE STRAIGHT, LEVEL, AND NON-MANEUVERING. MISSING

N FORMATION IS NOT AUTHORIZED.

ER REF C, EXCEPT WHEN NECESSARY FOR TAKEOFF OR LANDING, NO

SON MAY OPERATE AN AIRCRAFT BELOW 1000 FEET ABOVE THE HIGHEST

STACI E WITHIN A HORIZONTAL RADIUS OF 2000 FEET OF THE AIRCRAFT

ER ANY CONGESTED AREA OF A CITY, TOWN, OR SETTLEMENT, OR OVER ANY

EN AIR ASSEMBLY OF PERSONS. PER REF B, IF THE FAA GRANTS A

TIFICATE OF WAIVER BEFORE THE EVENT WHICH SPECIFIES A LOWER

IMUM ALTITUDE, ROTARY WING AIRCRAFT, TO INCLUDE MV-22, SHALL NOT

FLOWN BELOW 500 FEET AGL, FIXED WING SHALL NOT BE FLOWN BELOW 800

FT AGL.

IRLAUTH ALCON FOR COORDINATION.

MARINE CORPS DISTRICTS SHOULD ENSURE RECRUITERS ARE AWARE OF THE

OVE EVENT IN ORDER TO TAKE FULL ADVANTAGE OF MARINE CORPS PRESENCE

THEIR PARTICULAR LOCATION.

OC'S:

MGYSGT CAMPOS (HQMC PA), COMM (703) 614-1034

CPL PERRY (HQMC ASM), DSN 227-2401 COMM (703) 697-2401

What, where, when,
how many & type of
AC

You MUST contact this
person!

A reminder of FAA
Rules; but sets the
floor at 1000' AGL

Hugely important!! “with a
waiver” sets your min alt
RW & V-22 = 500': FW =
800', again if you have a
waiver!



Waiver DD 7711-2

Form has been received (14 C.F.R. 91, 101, and 106).



**US Department of Transportation
Federal Aviation Administration**
**APPLICATION FOR
CERTIFICATE OF WAIVER
OR AUTHORIZATION**

From Approved: O.M.B. No.2120-0027 08/31/2008

APPLICANTS - DO NOT USE THESE SPACES

Region	Date
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Action	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved - Explain under "Remarks"
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Signature of authorized FAA representative

INSTRUCTIONS

Submit this application in triplicate (3) to any FAA Flight Standards district office.

Applicants requesting a Certificate of Waiver or Authorization for an aviation event must complete all the applicable items on this form and attach a property marked 7.5 series Topographic Quadrangle Map(s), published by the U.S. Geological Survey (scale 1:24,000), of the proposed operating area. The map(s) must include scale depictions of the flightlines, showlines, race courses, and the location of the air event control point, Police dispatch, ambulance, and fire

fighting equipment. The applicant may also wish to submit photographs and scale diagrams as supplemental material to assist in the FAA's evaluation of a particular site.

Application for a Certificate of Waiver or Authorization must be submitted 45 days prior to the requested date of the event.

Applicants requesting a Certificate of Waiver or Authorization for activities other than an aviation event will complete items 1 through 10 only and the certification, item 17, on the reverse.

1. Name of organization

2. Name of responsible person

3. Permanent mailing address House number and street or route number City State and ZIP code Telephone No.

4. State whether the applicant or any of its principal officers/owners has an application for waiver pending at any other office of the FAA.

5. State whether the applicant or any of its principal officers/owners has ever had its application for waiver denied, or whether the FAA has ever withdrawn a waiver from the applicant or any of its principal officers/owners.

6. FAR section and number to be waived

7. Detailed description of proposed operation (Attach supplement if needed)

8. Area of operation (Location, altitude, etc.)

9a. Beginning (Date and hour) b. Ending (Date and hour)

10. Aircraft make and model (a) Pilot's Name (b) Certificate number and rating (c) Home address (Street, City, State) (d)

ITEMS 11 THROUGH 16 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.

11. The air event will be sponsored by:

12. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone No.
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13. Policing (Describe provisions to be made for policing the event.)

14. Emergency facilities (Mark all that will be available at time and place of air event.)

<input type="checkbox"/> Physician	<input type="checkbox"/> Fire truck	<input type="checkbox"/> Other - Specify _____
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Crash wagon	

15. Air Traffic control (Describe method of controlling traffic, including provision for arrival and departure of scheduled aircraft.)

16. Schedule of Events (Include arrival and departure of scheduled aircraft and other periods the airport maybe open.)

Hour (a)	Date (b)	Event (c)

If sufficient space is not available, the entire schedule of events may be submitted on separate sheets, in the order and manner indicated above.

Please Read >

The undersigned applicant accepts full responsibility for the strict observance of the terms of the Certificate of Waiver or Authorization, and understands that the authorization contained in such certificate will be strictly limited to the above described operation.

17. Certification - I CERTIFY that the foregoing statements are true.

Date Signature of Applicant:

Remarks



Coordination

- Simultaneously contact
 - Event POC
 - Found in the DD form 2535
 - Regional FSDO
 - http://www.faa.gov/about/office_org/field_offices/fsdo/ for the area of your event
 - Regional Military Representative
 - OPNAVIST 3007.2K, APPX B
 - Approach controller or suitable ATC rep
 - http://www.faa.gov/about/office_org/headquarters_offices/arc/ro_center/ to navigate to regional rep
 - Cannot authorize deviations to the FAR, OPNAV, or HQMC guidance

Mission Planning

- Where is the target
- TOT or VUL window
- Holding points
- Entry & exit from target
- Area Planning
 - Info on local airports and VFR / IFR routes
- BASH
 - <http://www.usahas.com/>
 - FW: Moderate = 1000'AGL; Severe =

Mission Planning

- Plot route
 - Like a low-level
 - E-CHUM
 - Notable avoidance areas
- RTB
 - Detailed plan from target to airfield
- Go / No-go



Briefing

- Your command
- HHQ
- Your flight
 - Record everything
- De-brief
 - Flight
 - FSDO / FAA



Your Checklist

1. DD Form 2535
2. HQMC approval message
3. Call / e-mail FAA / FSDO reps
4. Call / e-mail event coordinator
5. Conduct your planning
6. Brief everyone up the chain
7. 1000' / 250kts



Wrap Up

- Approval message
- Coordination
- Mission Planning
- Checklist
- The Box

250 kts MAX

2500' AGL WX Min

Optimal plus obstacle elevation

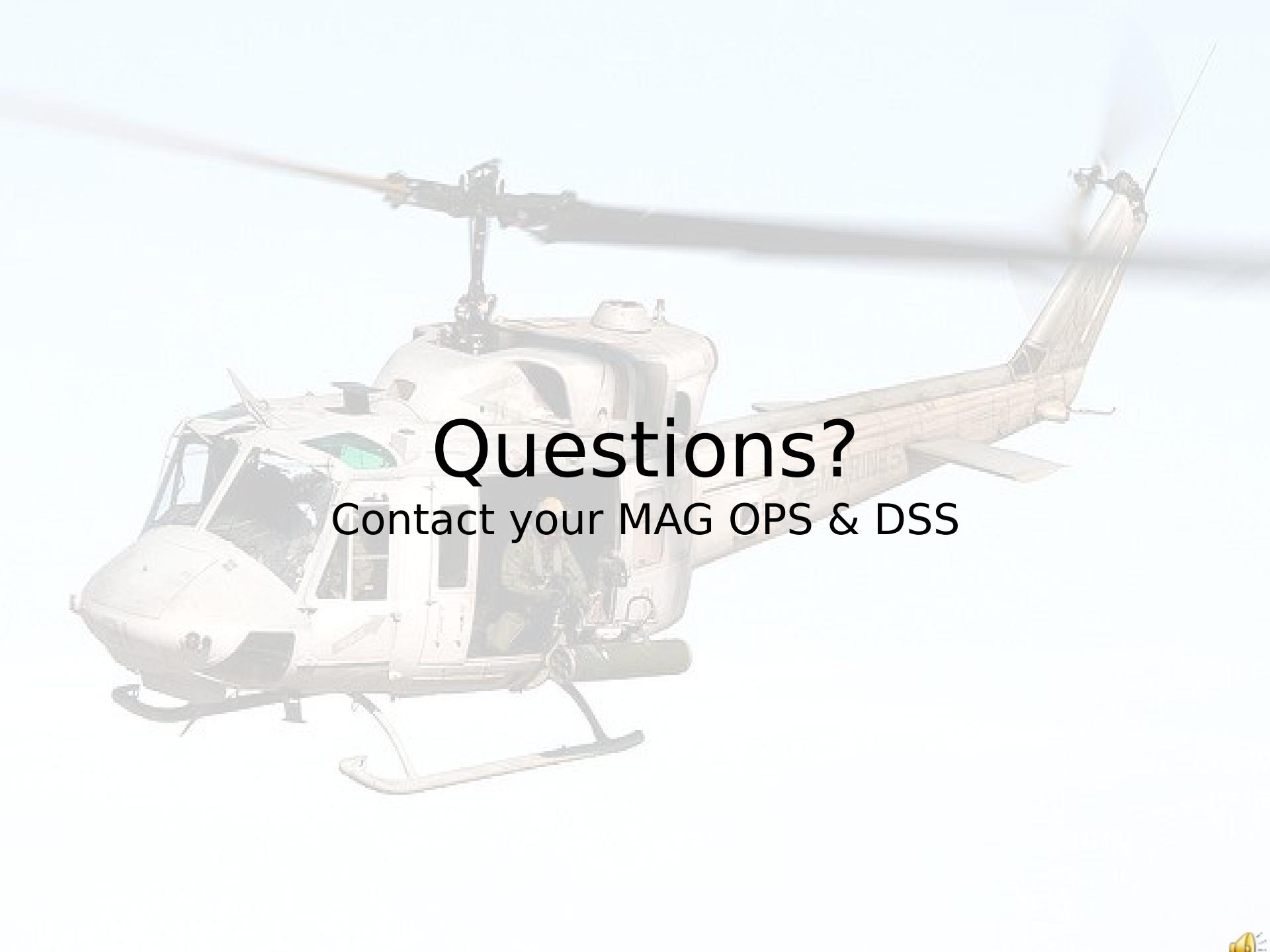
1000' AGL FW & RW (FAA & HQMC)

800' AGL FW formation waiver NLT
(HQMC)

500' AGL single ship FW waiver NLT or RW formation
NLT (HQMC)

250' AGL single ship RW waiver NLT (HQMC)

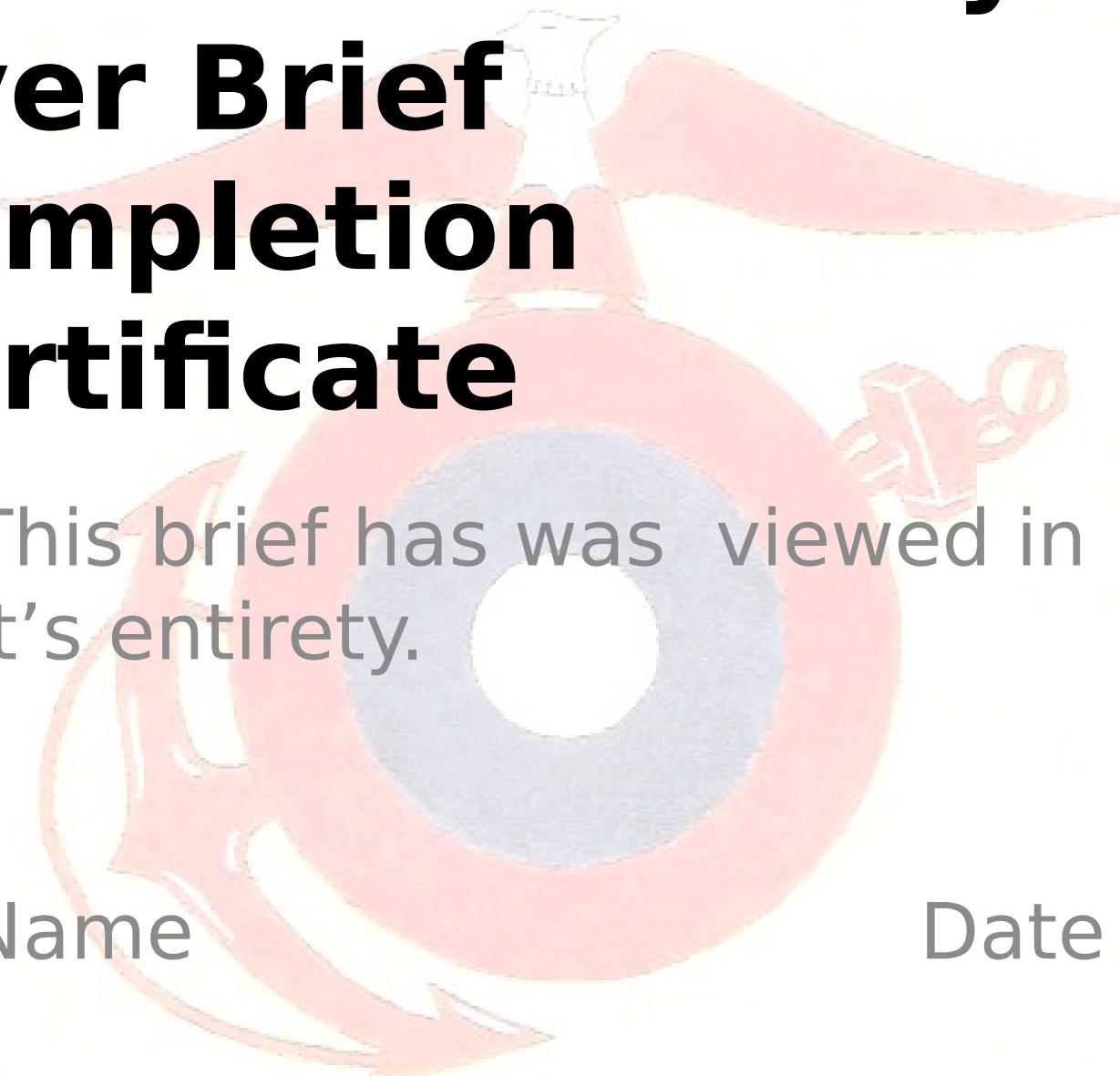




Questions?

Contact your MAG OPS & DSS

USMC Aviation Fly- Over Brief Completion Certificate



This brief has was viewed in
it's entirety.

Name

Date